

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010272

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 95

STATE FILE NUMBER

**FILED APR 5 1963**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>3Yrs. 6Mo.</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phillips Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Laddonia</b>	
3. NAME OF DECEASED (Type or print) First <b>Allie</b> Middle <b>Arthur</b> Last <b>Remley</b>		4. DATE OF DEATH Month <b>3</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-17-1892</b>
10a. USUAL OCCUPATION (Give kind of work done last at working life, even if retired) <b>Ret. Farmer</b>		11. BIRTHPLACE (City and state or country) <b>California, Mo.</b>	
13a. FATHER'S NAME <b>Charles W Remley</b>		14. NAME OF HUSBAND OR WIFE <b>Reba (Franklin) Remley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Emphysema</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address <b>Mrs Reba Remley Laddonia, Mo.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Aug 1955</b> to <b>March 1963</b> and last saw him alive on <b>March 27 1963</b> Death occurred at <b>7 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>[Signature]</b>	
22b. ADDRESS <b>[Address]</b>		22c. DATE SIGNED <b>3-29-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-29-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Farber Cemetery</b>		23d. LOCATION (City, town, or county) <b>Farber, Mo.</b>	
24. FUNERAL DIRECTOR <b>Wilkey-Bienhoff Laddonia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 1-1963</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

*P. L. Saterlin m d*

VS 300  
Rev. 4/59

1 **0047**

2 **00402**

3

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9 **527.1**

10

11

12 **86-0**

13 **2-0**

APR 5 1963

JUN 25 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clyde C. Munn*

Licensed Embalmer No.

*3820*

P. O. Address

*Perry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.